

# The Family Involvement Project



A joint collaboration of:

- ❖ The Bureau of Juvenile Justice Services
- ❖ Youth Forestry Camp 3
- ❖ Loysville Youth Development Center
- ❖ North Central Secure Treatment Unit and
- ❖ The Bennett Pierce Prevention Research Center at Penn State

*Funded through a grant from the Pennsylvania Commission on Crime and Delinquency.*

This manual contains information about the enhancements made for the Family Involvement Project, as well as information on new measures being put in place to help monitor and track residents' behavioral and emotional functioning and family relationships. The new measures will help facilities standardize their assessments and reports of how all residents are doing in these important areas. In addition, the data from these measures can inform individual treatment planning and the evaluation of the effectiveness of the new family involvement procedures. These measures and processes are meant to augment services already being given.

Overall, the enhancements being made as a part of this project include: motivational scripts for interacting with parents/caregivers on the initial phone call, scripts for subsequent weekly calls to improve youth/caregiver communication, brochures for parents/caregivers to emphasize the importance of their involvement in their youths' treatment, and Cognitive Behavior Therapy brochures that help caregivers understand more about the programs that youths are completing during their stays.

We believe these small changes will help move the needle toward more family involvement in their youths' treatment. We hope that such changes will make it more likely that youths succeed once they return to their homes and communities.

# **Manual Overview**

## **1. Overall program description**

- Project Design Overview
- Family Involvement Project Logic Model
- Family Involvement Playbook (written description of overview, may be used as a template for facilities)
- Project Breakdown

## **2. Initial phone call scripts**

- One version is for youth new to the facility and one version for current residents.

## **3. Family Meeting Questionnaire/Guide**

- This is a current form already used by facilities; however because of its importance to family involvement, it is also included in this manual.

## **4. Weekly Call Script**

- Both the parent pre-call script and the structured weekly call script are included.

## **5. Weekly Call Rating**

- This form is used to track the content of the weekly calls and the relationship between parent and youth and parent and counselor.

## **6. Daily Global Youth Ratings**

- This form is used to track daily global scores related to the youth's mood, behavior, and engagement, as well as their level.

## **7. Strengths and Difficulties Questionnaire**

- The youth version and the staff version are both included
- The scoring and YLS Crosswalk can also be found in this section

## **8. People In My Life Questionnaire**

- Version 1 should be given within the first 30 days of services and the youth should be allowed to select who to complete the form on (with counselor guidance to assure it is the person with whom they will be having the majority of their phone calls).
- Version 2 should be given 3 months after Version 1 is used and then again at discharge. The counselor should make sure that the person listed on Version 2 is the same as the person originally chosen for Version 1.

## **9. Facility and Cognitive Behavior Therapy Brochures**

- Facility Brochures are provided to give parents/caregivers a chance to see the facility even if they are unable to visit.
- Cognitive Behavior Therapy Brochures are sent out to help parents/caregivers understand the therapy program that residents are participating in.

*Section 1:*  
*Putting the Evidence in*  
*Evidence-Based:*  
*Family Involvement*  
*Project Design*

Through multiple conversations with staff members throughout the juvenile justice system in Pennsylvania, we designed an intervention to increase family involvement while youths are in placement. The intervention was meant to fit within the existing system with as little modification as possible. In many ways, the intervention represents the “best practices” already being used by some of the counselors at the facilities. In addition, some aspects of the intervention were based on what we know from research about engaging families and promoting effective parent/youth communication. These changes are currently in the process of being implemented in North Central Secure Treatment Unit, Loysville Youth Development Center and Youth Forestry Camp 3 and will be evaluated over the next year. The following is a list of intervention components:

### **1. Family engagement through targeted brochures**

- a. Brochure describing components of treatment offered at Development Centers
- b. Brochure describing components of CBT treatment, including “key terms” to allow family members to begin learning the “language of change.”

*All brochures are to be sent out separately from other large packets in a hand written envelope. All brochures should have a handwritten note from the youth’s counselor.*

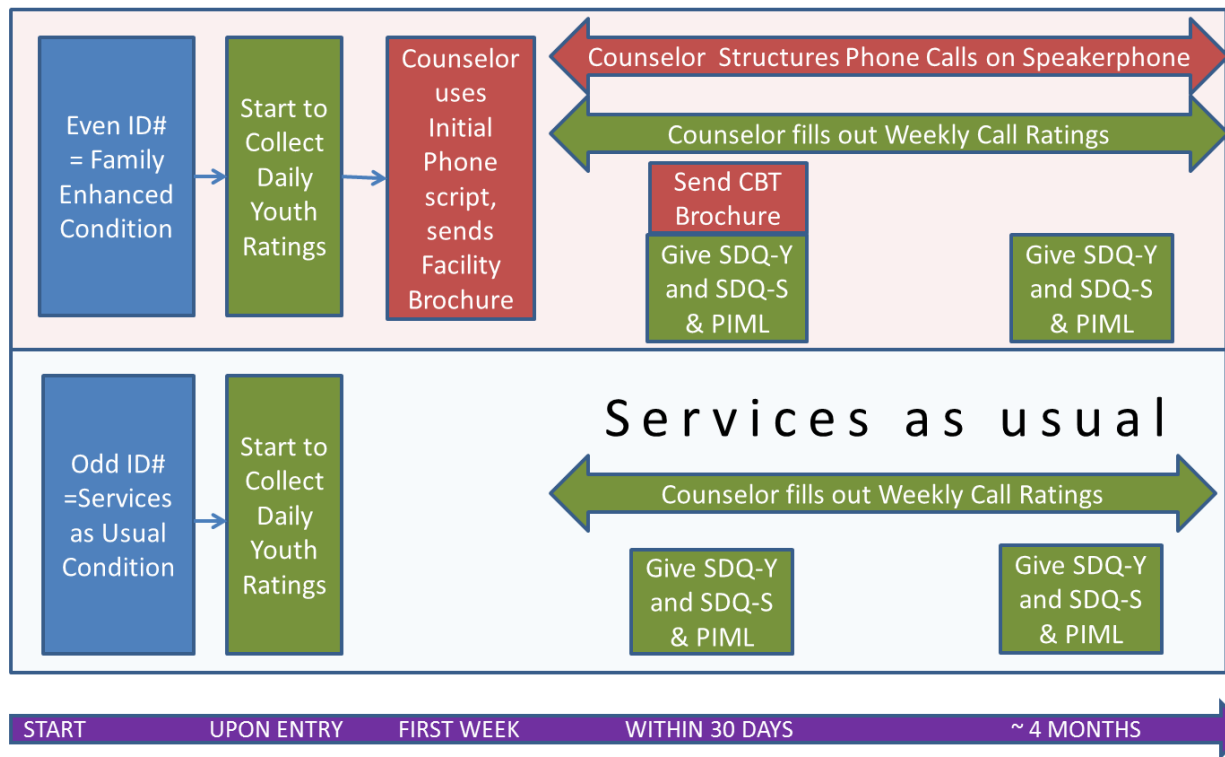
### **2. Family engagement through increased contact with counselor**

- a. Introductory call script to be used with parents that explains information about facility as well as encouraging the parent to engage with the counselor to support youth.
- b. Weekly 5-minute check-ins scheduled before the weekly call for the youth that allows the parent to receive information about the youth’s progress without the youth’s being present.

### **3. Weekly structured calls to maximize quality of youth/parent interactions**

- a. 10-minute calls are conducted within the context of the individual counseling sessions to allow for the counselor and youth to debrief regarding content of family interactions immediately afterward. The counseling sessions also provide the youth with additional support, in those cases in which a parent is unavailable to talk.
- b. Calls are monitored via speakerphone by the counselor.
- c. Calls are structured to assure that the youth is updating the parent on pertinent issues related to therapy, educational/vocational training, and level progress. The youth is also encouraged to ask about home and what is occurring in his/her absence.
- d. Parents are encouraged to offer specific praise and encouragement, and say “I love you” to their child during phone calls.
- e. Parents are briefed about the structure of these calls prior to receiving them.

# Family Involvement Project Design



In order to collect evidence of effectiveness, we have designed an evaluation of the best practices. As you can see from the figure above, youth are assigned based on their state ID. In addition to the normal data collected at the sites, four additional forms (see green boxes) will be used for this project: Daily Youth Ratings, Strengths and Difficulties Questionnaire, People in My Life Questionnaire, and the Weekly Call Ratings. Data will be collected on all youth, regardless of whether they are receiving the family enhanced version of services. We believe that, in addition to helping for the evaluation of the program, these forms will provide useful information for counselors regarding important areas of the YLS; this can help with data driven decision making at the sites regarding case management.

Family Enhanced services (see red boxes) are meant to augment existing services and include sending out facility and CBT brochures, using a detailed phone script that was designed to help foster the relationship between the counselor and the parent, and having the counselor structure weekly phone calls with parents and youth. If a youth is not in the family enhanced condition, then he/she will receive services as usual.

## Family Involvement Project Description

Residents with Even Number IDs	Residents with Odd Number IDs
Begin recording information about Behavior, Emotions, Motivation, and Level ( <b><i>Daily Youth Ratings</i></b> ) nightly	Begin recording information about Behavior, Emotions, Motivation, and Level ( <b><i>Daily Youth Ratings</i></b> ) nightly
Use <b><i>Initial Introductory Call Script</i></b> to call parent/ caregiver then use Family Meeting Questionnaire/Guide	Standard first call-business as usual, then use Family Meeting Questionnaire/Guide
Send normal packet of introductory information AND send <b><i>Facility Brochure</i></b> with handwritten note in separate handwritten envelope	Send normal packet of introductory information
Begin using <b><i>Weekly Structured Calls</i></b> during counseling sessions over speakerphone with pre-call check-in with parent(s)/guardian(s). Complete <b><i>Weekly Phone Call Rating</i></b> form at the end of each call.	Standard monitored call/ services as usual
Administer <b><i>Strengths and Difficulties Questionnaire</i></b> (youth & staff version) and the <b><i>People in My Life Questionnaire V1</i></b> (youth only) in first 30 days	Administer <b><i>Strengths and Difficulties Questionnaire</i></b> (youth & staff version) and the <b><i>People in My Life Questionnaire V1</i></b> (youth only) in first 30 days
Send <b><i>CBT Brochure</i></b> to parent/guardian(s) when youth begins main CBT group with handwritten note from counselor in handwritten envelope	Youth begins groups as usual- Nothing sent home
Administer <b><i>Strengths and Difficulties Questionnaire</i></b> (youth and staff version) and the <b><i>People in My Life Questionnaire-V2</i></b> (youth only) 3 months after first administration and/or at discharge	Administer <b><i>Strengths and Difficulties Questionnaire</i></b> (youth and staff version) and the <b><i>People in My Life Questionnaire-V2</i></b> (youth only) 3 months after first administration and/or at discharge

# FAMILY INVOLVEMENT PLAYBOOK

## INTAKE CALL:

If you are on shift when a resident arrives, use the **“First Telephone Call Script”** to help guide you through your first conversation with the resident’s parent or guardian. After you go through the Script, set up a date and time to conduct the **“Family Meeting Questionnaire/Guide”** (*in person or over the phone*). Once a date and time is set, call the resident into your office, and give him/her his 10 minute intake call. This first call does not need to be structured on speakerphone for any of the youth. You also do not need to fill out a weekly call rating form. The **“First Telephone Call Script”** is used for INTERVENTION YOUTH ONLY.

## COTTAGE/UNIT BROCHURE:

Send out the cottage/unit brochure to parents/guardians following the initial intake call. It should be sent out *by itself in a handwritten envelope*. Please write a note for the parents/guardians on the back (e.g., “Dear Mr. \_\_\_, I’m really looking forward to working with you and your son/daughter. Feel free to contact me whenever you have questions. Sincerely, \_\_\_”). The brochures are to be used with INTERVENTION YOUTH ONLY.

This brochure should be sent out regardless of the family’s interest in participating in structured weekly calls. It can be sent out to as many family members as you feel appropriate. Please do not send this brochure to non-intervention youth until we are finished with data collection.

## FAMILY INVOLVEMENT CALL SCRIPT:

Use of this script starts after the resident’s first week. The Pre-call check-in with the parent needs to be done right before you start a resident’s I.C. session. The resident should not be in your office while conducting the parent pre-call check-in part of the script. Let staff know that once you’re done with the parent check-in, you will be asking to have the resident sent to your office for a structured phone call and their I.C. session. Once you have the resident in your office, put the phone on speaker phone and begin the Youth-Parent part of the script. You need to set expectations with both the resident and parent to explain that this structured call should not be confrontational and is meant to be strength based and informational. The **“Family Involvement Call Script”** is to be used with INTERVENTION YOUTH ONLY.

- If a counselor supervisor or a fellow counselor needs to conduct the call because the primary counselor cannot, the family involvement call script should still be used and the pre-call check-in should still be done.
- If a parent/caregiver is no longer involved in the youth’s life, this script can be used with the person who would be considered the youth’s “primary support” person when he/she leaves the facility.
- If the parent/caregiver does not wish to participate in the speakerphone calls with their youth, the weekly pre-call check-in can still be completed with the primary support person before the resident’s regular phone call. In this way, the primary support person is still getting weekly information about how and what the youth is doing.



### **WEEKLY PHONE CALL RATING:**

This form needs to be filled out by you for **INTERVENTION YOUTH** only after the structured weekly telephone call during the I.C. session. If the call is NOT done because the youth or parent does not wish to participate, at minimum, this should be noted on the contact log or in the IC session notes.

### **PEOPLE IN MY LIFE QUESTIONNAIRE:**

Residents can complete this form during their 2<sup>nd</sup> I.C. session (or within first 30 days). It should only take up the first 5-10 minutes of the I.C. Session. This questionnaire needs to be completed by **EVERY YOUTH** on your caseload and needs to be re-administered every 3 months and/or at discharge if discharge occurs 30 days or more since the last administration.

### **STRENGTHS AND DIFFICULTIES QUESTIONNAIRE (S.D.Q.):**

Counselors and youth can complete the S.D.Q. during the 3<sup>rd</sup> I.C. session (or within first 30 days). There is a staff version and a resident version. It should only take the first 5-10 minutes of the I.C. session. This questionnaire needs done with **EVERY YOUTH** and needs to be re-administered every 3 months and/or at discharge if discharge occurs 30 days or more since the last administration.

### **CBT BROCHURE:**

Send out the cottage/unit brochure to parents/guardians when youth begin CBT groups. It should be sent out *by itself in a handwritten envelope*. Please write a note for the parents/guardians on the back. The brochures are to be used with **INTERVENTION YOUTH ONLY**.

This brochure should be sent out regardless of the family's interest in participating in structured weekly calls. It can be sent out to as many family members as you feel appropriate. You may also send a copy with court reports, to probation officers, etc. Please do not send this brochure to non-intervention youth until we are finished with data collection.

### **RESIDENT CONTACT FORM:**

This form needs to be filled out by the counselor for **EVERY YOUTH** after **EVERY CALL** and forwarded to your YDCS on a weekly basis.

### **PBS FAMILY SURVEY:**

This survey is administered over the phone 1 week prior to a residents discharge. Upon completion of the survey please forward to YDCS no later than 7 days after the resident is discharged.

*(Note: Special thanks to Jason Bogetti from North Central Secure Treatment Unit for creating the initial version of this form)*

<b>The Family Involvement Project</b> <i>A partnership between Penn State, YFC3, LYDC, NCSTU, and BJJS, funded through a grant from PCCD</i>				
<b>Activities</b>	<b>Targets</b>	<b>During Placement Outcomes</b>	<b>Short Term Outcomes</b>	<b>Long Term Outcomes</b>
<b>Structured, technology-facilitated connections between LYDC/YFC3 youth and their families</b> <i>~Use of structured call format to increase positive family communication and parent knowledge of activities in facilities</i>	<b>Relationship between youth &amp; family</b> <i>~Weekly call ratings</i>	<b>Increased/improved family involvement in youth's treatment</b> <i>~ Weekly call ratings</i>	<b>Improved reintegration with family</b> <i>~PIML Pre-Post Scores</i>	<b>Reduced recidivism</b> <i>~Unable to measure during this grant</i>
	<b>Relationship between family &amp; staff</b> <i>~Weekly call ratings</i>	<b>Increased family input and support for aftercare plan</b> <i>~Parent participation in meetings</i>	<b>Increased completion of treatment goals</b> <i>~ CASEY Life Skills Pre-Post Scores</i>	<b>Increased cost savings to court and community</b> <i>~Unable to measure during this grant</i>
	<b>Buy-in from families</b> <i>~Weekly call ratings</i>		<b>Improved educational outcomes for youth</b> <i>~ Test scores, completion of certificates/GED</i>	
<b>Staff encouragement of family involvement-</b> <i>~Introductory Phone script</i>	<b>Family knowledge about youth services</b> <i>~Weekly structured calls</i>	<b>Increased family participation at MCPC &amp; MDT meetings</b> <i>~Parent participation in meetings</i>	<b>Increased compliance with aftercare plan</b> <i>~Unable to measure</i>	
		<b>Decreased youth depression</b> <i>~ Daily BLEM Ratings</i> <i>~SDQ</i>	<b>Recommended release in shorter time period</b> <i>~Amount of time before reaching highest behavior level</i>	
		<b>Decreased youth behavior problems</b> <i>~ Daily BLEM Ratings</i> <i>~SDQ</i> <i>~AIRS Reports</i>	<b>Improved family view of juvenile justice system</b> <i>~PBS Family Survey</i>	
<b>Increased structured communication with families re: youth services</b> <i>~Brochures for facility and for CBT programs</i> <i>~Weekly pre-call check-in</i>				

The logic model above shows the activities, targets, and outcomes expected through this project. It also shows the ways we intend to measure the outcomes listed. This logic model was created as part of a large group meeting at the beginning of our project. Please see Appendix A for a full list of the contributors for this project.

*Section 2:*  
*Initial Phone Call*  
*with Family*

## **Why do we use this?**

The initial phone call script is an important tool to help join with the parent(s)/guardian(s) and encourage their participation in the youth's services. It gives the counselor an opportunity to explain the types of services that the youth will be receiving; the counselor is also able to get important information about the youth that can be used to facilitate a therapeutic relationship.

## **How often is it done?**

This script is used once during the first phone call that the youth's regular counselor makes with the parent/guardian. If the youth has parents that do not live together, the script can be used during the first phone call with each parent.

## **How long does it take?**

This script should take approximately 10 minutes to complete.

## Family Involvement Project

### Initial Conversation Script-Current Residents

*The Initial Conversation Script should be used by the youth's counselor at their first contact with the resident's family. Telephone calls should be made with the youth's parent(s) or, if not available, the legal guardian(s). If the parents do not live together, contact the parent with whom the youth lives primarily. If the youth lives with somebody else, contact that person. You may use this script with more than one person if you would like.*

Good Morning, may I speak to Mr./Ms. \_\_\_\_\_? My name is \_\_\_\_\_. I am calling you to let you know that your son/daughter has arrived at \_\_\_\_\_ (facility) safely. He has been \_\_\_\_\_ (describe demeanor; e.g., cooperative, quiet) since he arrived.

In a minute I will get your son/daughter so you can talk to him/her. First, though, I wanted to give you with some information about our facility and what we do here.

I want to start by saying that we both have the same goal: I am sure you want your son/daughter home, and my goal is to get him/her there too. While your son/daughter is with us, we plan to work hard as a team to help him change his behavior so he doesn't get in any more trouble.

The treatment program we use is called Cognitive Behavioral Therapy; CBT is how we refer to it. CBT is a form of therapy where your son/daughter will learn how to solve problems, change the way he thinks, manage his feelings, and identify what causes him to make bad decisions. While he is here, your son/daughter will also participate in groups that teach him how to have sympathy for others, take care of himself and his family, and get a job.

Do you have any questions so far?

If in school: While he is here, your son/daughter will be attending school, and he will receive credits for the classes he completes. Many residents earn their GEDs and other certificates that help them get jobs as adults.

Many residents have jobs while they are here to earn some extra money and learn to be good reliable employees.

I know that this is a lot of information so let me stop right here and ask what questions you have at this point.

Your son/daughter will have at least an hour of counseling with me each week. As a part of that hour, he will be able to make a phone call home.

You and I will check in right before those calls so I can give you an update on how he is doing and you can tell me if there is anything new I should know about. We do most of the calls on a speaker phone. However, if you have the ability to use Skype or Adobe Connect, we can do that, so you can see your son/daughter.

You can also visit your son/daughter in person. Our visiting hours are \_\_\_\_\_.

When we have treatment meetings about your son/daughter, you are welcome to come to them in person or call us, and we will put you on speaker phone.

One last thing before I get \_\_\_\_\_. I want to get your expert advice about helping \_\_\_\_\_ do well. What have you found works best when he is having a rough day and is having a hard time managing his/her behavior?

Could you tell me something he is good at that I could use as a motivator to help him while he is away from home?

Okay, well I want you to know that we will do our best to keep you in the loop about how things are going for \_\_\_\_\_. It is normal for kids to have a few rough days while they are here. When that happens, we will get in contact with you and we will ask that he tells you about what happened. We find it really helpful if parents can remind their kids about what kinds of consequences would have happened if they were at home, and encourage them to apologize for their actions. Do you have any questions about that?

I just want to say thanks so much for taking the time to talk to me. If you have any questions, you can call me at \_\_\_\_\_ or email me at \_\_\_\_\_.

You should be receiving a brochure in the mail that describes our program a little bit more. We will be in touch each week because you are so important to your son/daughter's success here. Let me get \_\_\_\_\_ so you can speak with him.

*(Note: Special thanks to Cindy Haggart of the Bureau of Juvenile Justice Services for creating the first draft of this Initial Interview script.)*

## Family Involvement Project

### Initial Conversation Script-Current Residents

*If a youth is already in the facility when this is implemented, this script can be used by the counselor with the family. Telephone calls should be made with the youth's parent(s) or, if not available, the legal guardian(s). If the parents do not live together, contact the parent with whom the youth lives primarily. If the youth lives with somebody else, contact that person. You may use this script with more than one person if you would like.*

Good Morning, may I speak to Mr./Ms.\_\_\_\_\_?

This is \_\_\_\_\_ (your name) from \_\_\_\_\_ (facility). Your son/daughter has been here for about \_\_\_\_\_ months. He should have about \_\_\_\_\_ more months before he can come home. Once your son/daughter gets home, we want to make sure he succeeds and doesn't come back to \_\_\_\_\_ (facility). To help him succeed, we will be having slightly different telephone calls until he leaves.

From now on, I will be part of some of your telephone calls with your son/daughter. You and I will also speak for a few minutes before each phone call just to make sure we are all on the same page. Before your son/daughter gets home, we want to be sure you know as much as possible about how he is doing and what he has learned here. A lot of our residents have a hard time explaining to their parents what they are learning so the counselors sit in on the phone calls and help them out. The more you know about what your son/daughter has learned, the more you will be able to help him avoid trouble in the future.

At first the phone calls might feel a little different. However, a lot of parents really like getting the chance to know what is going on with their son/daughters.

Do you have any questions about this?

*Section 3:*  
*Family Meeting*  
*Questionnaire*  
*Guide*



## **Why do we use this?**

This form is suggested for use by the Bureau of Juvenile Justice Services. It is meant to be a guide to help collect additional information from families about the resident. It is aligned with the sections of the Youth Level of Service Inventory.

## **How often is it done?**

This form is completed once, at the beginning of the resident's stay. You should schedule a time to complete this form at the end of the initial phone call.

## **How long does it take?**

This varies based on the information being provided by the family members. You should schedule at least 30 minutes for the call.

## **A note about this guide:**

The purpose of this guide is to provide a framework for a deeper conversation with the parents. The answers provided after each question next to the check-boxes should not be read to the parent/caregiver; they are only meant to provide easier note taking. Questions should be kept open-ended and you should allow the parent to expand naturally on the various topics. You may use the data that you already have on the youth to modify the questions that you ask. For example, if you already know that the youth does not have children, you do not need to ask the questions about the youth's parenting.



## **Family Meeting Questionnaire/Guide**

(Please note: check-boxes are supplied for easier recording of answers but should never be read or indicated as a response for families. All questions should be asked open ended as they are written. If you do not ask a question or it is not applicable, please indicate so with the N/A response)

Youth's Name & Age:

Meeting/Call Date:

Meeting/Call Attendees (*list names and relationship with youth*):

(*Note: Print AIIRS Face Sheet and confirm that information is accurate*)

### **Introductions:**

Tell me about you and your neighborhood.

How long have you lived here?

Are you originally from this area?

What do you like/dislike about where you live?

## **Section 1- Prior/Current Offenses:**

How did your child end up in placement with us?

How much do you know about the crimes he/she committed?

How old was your child when he/she first got into trouble with police?

What happened?

Was he/she placed on juvenile probation or in a residential facility? What happened next? ( obtain a chronological account of his/her criminal history to include community-based services and placement history)

How does your child feel about the crimes that he/she committed? Does he/she feel about the victims?

## **Section 2- Family Relationships:**

With whom and where did your child live prior to placement with us? List everyone that was in the house and describe your relationship with each. *Obtain names, addresses and phone numbers.*

Tell me about the rest of your family. (Genogram)

On a scale of 1 to 10, rate your relationship with your child. 1 means there is no relationship and 10 means the relationship is perfect.

**No relationship-    1        2        3        4        5        6        7        8        9        10    -Perfect**

Tell me why you rated it like this:

What would it take to make your relationship a 10?

What are three ways your relationship could be improved?

What kind of rules does he/she have at home?

What happens if rules are not followed?

How can you help your child stay out of trouble when he/she returns to the community?

Does your child have children of his/her own? **Number of children - 0 1 2 3 4 5 6**

- Can you tell me about them?
- What kind of parent is he/she to his/her child?
- What does he/she need to be a good parent? How can you support him/her?

Are there other any relatives/others (coaches, church members, therapist, etc.) who are important to him/her?  
*If yes*, Tell me about them (Name & relationship).

What are your child's best qualities/strengths?

What do you like best about him/her?

What are some of your family's strengths?

Is there any other information about your family that would help us “help” him/her?

Have there been any significant family events that may have impacted him/her?

Would you be willing to do family counseling? ☐ Yes ☐ No ☐ Don't know ☐ N/A

Where do you want your child to live upon release and why?

### **Section 3- Education/Work:**

How does your child do in school?

What school did he/she last attend? (Name, city, type of school)

What is the last grade he/she completed? 1 2 3 4 5 6 7 8 9 10 11 12

Has he/she ever participated in special education/ IEP? ☐ Yes ☐ No ☐ Don't know ☐ N/A

Have there been any changes in his/her school performance/attendance?

How does he/she get along with teachers & peers in school?

Has he/she gotten into trouble in school? ☐ Yes ☐ No ☐ Don't know ☐ N/A

Tell me about his/her job/work history.

What would you like to see your child do in the future regarding school and/or employment? (GED, Diploma, College, and CT School)?

Are there certain job/vocations that you see as a good fit for him/her? How might you support his/her career/vocational choices?

What kinds of job/educational opportunities exist in your community?

Would you like him/her to work while in placement? ☐ Yes ☐ No ☐ Don't know ☐ N/A

Does he/she owe restitution? ☐ Yes ☐ No ☐ Don't know ☐ N/A Restitution \$ \_\_\_\_\_

#### **Section 4- Peer Relations:**

How well do you know your child's friends and how would you describe them? ( friends or acquaintances)

How do you describe him/her socially?

Would you describe him/her as leader or follower (please explain)?

☐ Leader ☐ Follower ☐ Depends ☐ Don't know ☐ N/A

Are most friends older, younger or the same age?

☐ Older ☐ Younger ☐ Same Age ☐ Mix ☐ Don't know ☐ N/A

Have friends been in trouble with the law? ☐ Yes ☐ No ☐ Don't know ☐ N/A

- If so, how many? ☐ All ☐ Most ☐ Some ☐ One or Two ☐ None

- For what reasons?

Who does your child look up to? Is this individual a positive role model?

### **Section 5- Substance Use:**

Does your child use drugs and/or alcohol?

☐ Yes ☐ Has in the past but not currently ☐ No ☐ Don't know ☐ N/A

How much do you know about his/her drug use?

Do you what substances he/she is using?

☐ Tobacco ☐ Alcohol ☐ Marijuana/Hash ☐ Cocaine ☐ Methamphetamines  
☐ Inhalants ☐ Hallucinogens ☐ Prescription Drugs ☐ Heroin ☐ Other: \_\_\_\_\_

Do you know when he/she began using substances? Age\_\_\_\_\_ ☐ Don't know ☐ N/A

Do you know how often he/she is using them?

Do you know if he/she is using them: ☐ with friends ☐ acquaintances or ☐ alone

How much of a connection is there between his/her criminal activities and use of drugs/alcohol?

Do you think he/she sold drugs? ☐ Yes ☐ No ☐ Don't know ☐ N/A

- If yes, for profit or to support habit? ☐ Profit ☐ Habit ☐ Both ☐ Don't know ☐ N/A

## **Section 6- Leisure/Recreation:**

How does your child spend his/her “free time”?

Where and with whom?

Is he/she a member of club, organization, sports team, musical group?

☐ Yes ☐ No ☐ Don't know ☐ N/A If so, what?

Has his/her participation in clubs, sports, etc., changed over the past few years?

☐ Yes ☐ No ☐ Don't know ☐ N/A If so, how?

Are there activities that you would like him/her to participate in?

## **Section 7- Personality/Behavior:**

How would you describe child?

How does he/she cope with difficult situations?

Everyone gets angry from time to time. What kinds of things make him/her angry?

What does he/she do when angry?



Does he/she get into fights? ☐ Yes ☐ No ☐ Don't know ☐ N/A

Is he/she easily frustrated? ☐ Yes ☐ No ☐ Don't know ☐ N/A

Has he/she ever seemed depressed and/or anxious? ☐ Yes ☐ No ☐ Don't know ☐ N/A

Has he/she ever had any suicide attempts? ☐ Yes ☐ No ☐ Don't know ☐ N/A

Has he/she received services for any mental health issues (Mobile Therapy, Counseling, Hospitalizations)?  
☐ Yes ☐ No ☐ Don't know ☐ N/A If so, explain:

Has he/she been diagnosed with psychosis or any other mental health disorder?  
☐ Yes ☐ No ☐ Don't know ☐ N/A If so, explain:

Does he/she take medication for a mental health condition?  
☐ Yes, currently ☐ Has in past, but not currently ☐ No ☐ Don't know ☐ N/A  
If s/he has in past or currently, what does he/she take:

Do you have a good relationship with a family doctor or mental health clinician?  
☐ Yes ☐ No ☐ Don't know ☐ N/A

## **Section 8: Other**

Do you have these vital record documents for your son/daughter and if not, do you know where they are:

State Issued Photo ID Card/Driver's License ☐ Yes ☐ No ☐ Don't know ☐ N/A

Social Security Card ☐ Yes ☐ No ☐ Don't know ☐ N/A

Birth Certificate ☐ Yes ☐ No ☐ Don't know ☐ N/A

Are there any other concerns you would like us to know about?

What services/supports will your child need while with us and upon release?

*Section 4:*  
*Weekly Call Script*

## **Why do we use this?**

There are six goals of the Structured Weekly Phone Calls: 1) Help youth process information more deeply, 2) Compel youth to commit to change, 3) Give parents language/information about change, 4) Develop communication skills, 5) Model effective monitoring, 6) Make parent-youth relationship stronger and more positive

## **How often is it done?**

This script is used once weekly, within the context of the weekly individual counseling session via speakerphone, conference call, or skype/videoconference with the primary support person (e.g., parent, legal guardian) for the youth. If the youth has more than one primary support person, you may use this script with each person.

## **How long does it take?**

This script is designed to fit within the standard 10-minute phone call allotment. However, during piloting, some counselors indicated that they let the call go on for longer because they felt it was very positive for the youth. The maximum amount of time should be set, if necessary, by the facility.

## **A note about this script:**

The pre-call check in should always precede the parent-youth phone call. The youth should ideally not be in the room when the pre-call check-in is conducted to allow the counselor to have a private conversation first with the parent. Speaking with the parent privately will help enhance the relationship between the counselor and the parent and make it more likely that the parent will support treatment goals.

During the youth-parent call, all 8 sections of the script should be covered. However, it is not necessary to cover them in order. We suggest always starting off with the introduction, in which the counselor repeats the compliment of the youth, and always ending with wrap-up, in which the counselor reminds youth and parents to say “I love you.” It is fine to have the other sections in any order that they naturally come up. Completion of all sections is more important than the order.

We expect that calls will need a lot of structure in the beginning. Once the resident and the parent get used to the format, we believe that they will be able to maintain the structure with relative autonomy. However, the counselor should still be present to supervise all calls and ensure that all sections are covered each week.

During piloting, counselors indicated that in some cases the script felt repetitive. We have created an addendum to this script and suggest that counselors get familiar with the additional prompts for each section.

# Structured Weekly Phone Call Script

## Pre-call check-in with parent

- 1. Compliment:** Describe something the youth did well this week.
- 2. Goals:** Describe something the youth continues to work on.
- 3. Setbacks:** *If the youth had any kind of setback during the week, make sure to discuss this with the parent now.* That way the parent has time to calm down before she/he talks to the youth. You and the parent can discuss how you should hold the youth accountable for his/her behavior.
- 4. Information:** Ask the parent if there is anything you should know. Ask the parent if she/he has any questions for you.
- 5. Support:** Remind parent to be positive and supportive and give specific compliments. This isn't the time to criticize, air grievances, or express disappointment. Remind parent how important she/he is to the youth and how important it is to say "I'm proud of you," "I miss you," and "I love you" at the end of the call.

## Youth-parent structured call

- 1. Introduction:** Counselor introduces call and repeats compliment of what youth did well so the youth receives more reinforcement for his/her positive behavior.

Possible introduction: "Hello, Mr./Ms. \_\_\_\_\_. It's great to talk to you again. I have \_\_\_\_\_ (youth's name) here with me. \_\_\_\_\_ (youth's name) has had a good week. The other day one of the counselors told me what a great job he did controlling himself. One of the other residents was trying to start trouble, and your son just stayed out of it. I was really proud of him."

- 2. Levels:** Ask youth to tell parent what step or behavior level he is on. Make sure youth tells his/her parent what privileges he gets for being on that level. Also make sure the youth describes what he has to do to move up to the next level.

Possible prompts: "Tell your parent what you earn by being on Level III."

"Tell your parent what you have to do to move up to the next level."

"Tell your parent how long you have to wait before you can move up."

- 3. School/Work:** Ask youth to describe what he has been working on in school or vocational training. If necessary, ask youth to describe what he has been learning in each of his/her subjects. As opportunities present themselves, ask youth to elaborate on what he is doing and what he found new or interesting. If the youth is not currently in school or vocational training they may also talk about any other educational programming they are receiving.

Possible prompts: "Tell your parent what you are learning to do at your job in the canteen."

"Tell your parent about that great project you're working on in vocational training."

"Tell your parent what you have to do to earn your GED."

**4. Counseling [ *This should be the longest part of the call* ]:** Ask youth to describe what he has been learning in counseling groups this week. Ask him to describe concepts in detail and give example parent can understand. Check to see if parent can repeat in her/his own words what the youth said. Clarify if needed. Ask youth to describe how lessons apply to his/her life. Ask youth to identify what he is working on for homework. Ask the youth to describe any other goals he is working on. *Please note: if the youth is not currently in counseling groups, they should talk about what they are working on in their individual counseling sessions.*

Possible prompts: *"Tell your parent some strategies you've learned to calm down."*

*"Tell your parent an example of how thoughts, feelings, and behaviors are connected."*

*"Tell your parent what you are learning about making good decisions."*

**5. Sharing:** Ask the youth to describe any pleasant or funny interactions he has had with any of the other youths in the past week or to share something else with his/her parent.

Possible prompts: *"What would you like to tell your parent about the other residents?"*

*"Tell your parent what you and your friend were laughing about the other night."*

*"Tell your parent about that movie we watched last night."*

**6. Home:** Ask the youth what he has been missing about home and what he is looking forward to when he gets home. Ask the parent to tell the youth about something that has happened at home that he will be interested in.

Possible prompts: *"Tell your parent what you miss about home."*

*"Tell your parent what you want to do once you get back home."*

*"Tell your parent about some funny memory you have about home."*

Possible prompts for parent: *"Mr./Ms. \_\_\_\_\_, have you seen any of your son/ daughter's friends?"*

*"What's been happening at home or in the neighborhood that your son/ daughter might be interested in."*

**7. Compliments:** Ask youth to identify one or two accomplishments he is especially proud of. Ask the parent what her/his son/daughter did this week that made her/him most proud.

Possible prompts: *"Tell your parent how you calmed down when you got mad the other day."*

*"Tell your parent how you volunteered to help out in the school."*

*"Tell your parent that great point you made in group last night."*

Possible prompt for parent: *"Mr./Ms. \_\_\_\_\_, what has your son/ daughter done that made you feel especially proud this week?"*

**8. Wrap-Up:** Announce it is time to end the call. Tell the youth and parent to say they love each other and miss each other.

Possible prompt: *"All right, it's time to go. Be sure to say how much you love and miss each other."*

**Appendix. Additional Prompts:** The following possible prompts can be used to help the youth and his/her parent engage in more substantive conversations. The possible prompts also can be used to keep weekly conversations from being too repetitive. These are just suggestions. Feel free to come up with your own prompts that are more appropriate to a specific youth and his/her parent. Remember, that the questions should be open ended to help keep the conversation going.

Possible school/work prompts: *"Explain what you have been doing in science class."*

*"Tell your parent what book you are reading in English and what it's about."*

*"Tell your parent what you learned about completing a job application."*

*"Tell your parent what you wrote in that great cover letter."*

*"Explain what you have been doing in science class."*

*"Explain what you're working on in math and how you can use that skill when you're an adult." "Tell your parent about that great project you're working on in vocational training."*

*"Tell your parent about the certification you are earning and what you have to do."*

Possible counseling prompts: *"Explain to your parent what 'jumping to conclusions' is."*

*"Tell your parent what three questions you ask yourself about your thoughts."*

*"Tell your parent what 'all-or-nothing' thinking is. Give her/him an example."*

*"Tell your parent what 'anfulizing' is."*

*"What is deep breathing?"*

*"Ask your parent what strategies to calm down work best for her/him."*

*"Tell your parent about the personal examples you wrote about in your workbook this week."*

*"Explain what an 'I statement' is to your parent."*

*"What could you say if your brother/sister borrowed something of yours without permission."*

*"Tell your parent what you are learning about empathy and restorative justice."*

*"Explain to your parent the elements of a sincere apology."*

*"Tell your parent what you are learning about the causes of anger."*

*"What things tend to make you the most angry?"*

*"What triggers have you identified that make you want to drink?"*

*"Tell your parent what you've learned about how to refuse a drink you don't want."*

*"Tell your parent what you and I were talking about in counseling last Monday."*

*"Tell your parent what you shared in group last night about \_\_\_\_\_."*

*"Tell your parent the life goals you have identified."*

Possible sharing prompts: *"Tell your parent about that basketball game last Saturday."*

*"Tell your parent how fast you ran the mile this week."*

*"Tell your parent how you helped out (other resident's name) when he was having a bad day."*

*"Tell your parent about how you and (other resident's name) resolved that disagreement."*

*"Tell your parent how you showed leadership when \_\_\_\_\_."*

*"Do you want to share with your parent how your girlfriend is doing?"*

*"Tell your parent what we are feeding you here and how it doesn't compare to home cooking."*

*Section 5:*  
*Weekly Call Ratings*

## **Why do we use this form?**

The purpose of the weekly call rating form is to capture what is happening within the context of each phone call home. This includes tracking who the phone call is with, how it is conducted, and what the content of the call was. It also captures information on the observed youth/parent relationship as well as on the counselor/parent relationship.

## **How often is it completed?**

This form is completed weekly, after each phone call. If the youth receives extra phone calls during the week due to good behavior, increased levels, etc., the form does not have to be completed on those subsequent calls (but may be if requested by a supervisor). If a youth regularly has a call with each parent individually each week because of separation or divorce, use this form with each call to help track the changes in each relationship.

## **How long does it take?**

During pilot testing, it took less than 5 minutes.



## Weekly Structured Family Phone Call Rating

Facility: ☐ Loysville    ☐ YFC3    ☐ North Central    Unit/Cottage: \_\_\_\_\_

Youth name: \_\_\_\_\_ ID# \_\_\_\_\_

Parent/Caregiver name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Counselor name: \_\_\_\_\_

Date of telephone call: \_\_\_\_/\_\_\_\_/\_\_\_\_ Length of telephone call (in minutes): \_\_\_\_\_

Pre-call check-in with parent done?    ☐ Yes                      ☐ No

Call done by: ☐ Conference Call    ☐ Speakerphone    ☐ Skype/video conference

**For this conversation, rate the following statements by placing an “X” in the best box.**

		Not true	A little true	Somewhat true	Very true	No voc./ school
1	The youth talked about his/her level and what he is doing to move up.	1	2	3	4	
2	The youth shared information about his/her progress in school or vocational training.	1	2	3	4	N/A
3	The youth shared information about his/her counseling groups and/or sessions.	1	2	3	4	
4	The youth gave detailed answers to the parent's/caregiver's follow-up questions.	1	2	3	4	
5	The youth asked the parent/caregiver questions about what was happening at home.	1	2	3	4	
6	The parent/caregiver and youth seemed to struggle to find something to talk about.	4	3	2	1	
7	The youth seemed defensive or on edge while talking to the parent/caregiver.	4	3	2	1	
8	The conversation seemed positive and warm.	1	2	3	4	
9	The youth was in a good mood at the end of the telephone call.	1	2	3	4	

**If you are the primary counselor:**

☐ *N/A, not primary counselor*

**Please rate this youth's relationship with this parent/caregiver:**

Very bad				Okay				Very Good			
1	2	3	4	5	6	7	8	9	10		

**Please rate your relationship with this parent/caregiver:**

<i>Very bad</i>				<i>Okay</i>				<i>Very Good</i>	
1	2	3	4	5	6	7	8	9	10

*Section 6:*

*Daily Global*

*Youth Ratings*

## **Why do we use this form?**

The purpose of the Daily Global Youth Rating Form is to assess how a youth is doing in terms of behavior, mood, and engagement with the program. In addition, there is space to systematically record the youth's level. This form was meant to augment the standard level rating. Summary reports can be generated on a monthly basis and can be used for court reporting, Monthly Determination Meetings, and progress reports. These summary reports may be useful in counseling sessions as a guide to discuss progression through the program.

## **How often is it completed?**

This form is completed nightly at the end of the second shift (e.g., 3pm-11pm) on all youth. We suggest incorporating it into the end-of-shift "wrap-up" and having everyone on shift that evening decide together what the most appropriate ratings are for each youth.

## **A note about this measure:**

In this form we refer to "typical mood" and "typical behavior" as the midpoint for rating (i.e., a 3 on a 5-point scale). We ask that you consider what the average or typical mood or behavior is for the average youth in your program, not what is "typical" for that particular youth. In that way, all youth are held to the same standard and rated accordingly.

There are two different versions of this form provided for use based on whether facilities would rather fill one form out on all youth per day or fill one form out per youth per month. Only one needs to be completed.

### Daily Global Youth Rating Form

Youth Name: \_\_\_\_\_ Cottage/Dorm: \_\_\_\_\_ Month: \_\_\_\_\_

Day	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>	13 <sup>th</sup>	14 <sup>th</sup>	15 <sup>th</sup>	16 <sup>th</sup>
Behavior																
Mood																
Engagement																
Level																

	17 <sup>th</sup>	18 <sup>th</sup>	19 <sup>th</sup>	20 <sup>th</sup>	21 <sup>st</sup>	22 <sup>nd</sup>	23 <sup>rd</sup>	24 <sup>th</sup>	25 <sup>th</sup>	26 <sup>th</sup>	27 <sup>th</sup>	28 <sup>th</sup>	29 <sup>th</sup>	30 <sup>th</sup>	31 <sup>st</sup>
Behavior															
Mood															
Engagement															
Level															

Youth behavior		Youth Mood		Youth Engagement	
1=	Youth exhibited very poor behavior. (e.g.- exceptionally noncompliant, did not follow program rules; often provoked peers)	1=	Youth was in a bad mood much of the day. For example, he was very irritable, angry, or visibly upset.	1=	Youth was hostile and resistant toward working on treatment plan/ program goals.
2=	Between 1 and 3	2=	Between 1 and 3	2=	Between 1 and 3
3=	Youth exhibited typical/average behavior.	3=	The youth's mood was typical. He was not especially happy or upset.	3=	Youth was making some effort working on treatment goals, but lacking enthusiasm and/or commitment.
4=	Between 3 and 5	4=	Between 3 and 5	4=	Between 3 and 5
5=	Youth exhibited very good behavior. (e.g.- exceptionally compliant with counselor directions, followed program rules, and interacted well with peers)	5=	Youth was in an especially good mood. He smiled and laughed often and seemed quite happy.	5=	Youth is trying very hard and was actively engaged in working on treatment plan/ program goals.

Final nightly Level should be recorded in decimal format (e.g.- for if, at the end of the night, a youth is level 1-1, record it as 1.1)

### Daily Global Youth Rating Form

Youth Name	Behavior	Mood	Engagement	Final daily level rating <i>(if more than one rating per day, use evening rating)</i>
<a href="#">Youth 1</a>				
<a href="#">Youth 2</a>				
<a href="#">Youth 3</a>				
<a href="#">Youth 4</a>				
<a href="#">Youth 5</a>				
<a href="#">Youth 6</a>				
<a href="#">Youth 7</a>				
<a href="#">Youth 8</a>				
<a href="#">Youth 9</a>				
<a href="#">Youth 10</a>				
<a href="#">Youth 11</a>				
<a href="#">Youth 12</a>				
<a href="#">Youth 13</a>				
<a href="#">Youth 14</a>				
<a href="#">Youth 15</a>				
<a href="#">Youth 16</a>				
<a href="#">Youth 17</a>				
<a href="#">Youth 18</a>				
<a href="#">Youth 19</a>				
<a href="#">Youth 20</a>				
<a href="#">Youth 21</a>				
<a href="#">Youth 22</a>				
<a href="#">Youth 23</a>				
<a href="#">Youth 24</a>				
<a href="#">Youth 25</a>				
<a href="#">Youth 26</a>				
<a href="#">Youth 27</a>				

Cottage/Dorm:

\_\_\_\_\_

Month: \_\_\_\_\_

Day: \_\_\_\_\_

Year: \_\_\_\_\_

<b>Youth behavior</b> Ratings of behavior reflect how a youth is doing regardless of whether he is able to change levels.	<b>Youth Mood</b> Ratings of youth mood are used to see how a youth is doing emotionally. Continued low scores or an extreme dip in scores may indicate the need for Psychological Services. Ongoing tracking helps make evident patterns in mood that occur over time. For example, youth may be in especially good or especially bad moods around family visits.	<b>Youth Engagement</b> Ratings of youth engagement are used to see how well a youth is engaging with the goals laid out in his/her treatment plan and in the treatment program (e.g., Cognitive Behavior Therapy). Engagement in treatment activities demonstrates a willingness to change
<b>1=</b> Youth exhibited very poor behavior. For example, he was exceptionally noncompliant with counselor; he did not follow program rules; or he often provoked peers	<b>1=</b> Youth was in a bad mood much of the day. For example, he was very irritable, angry, or visibly upset.	<b>1=</b> Youth was hostile and resistant toward working on treatment plan/ program goals.
<b>2=</b> Between 1 and 3	<b>2=</b> Between 1 and 3	<b>2=</b> Between 1 and 3
<b>3=</b> Youth exhibited typical/average behavior. For example, he had to be redirected (possibly more than once) to follow directions, adhere to program rules, or interact appropriately with peers; however, he did comply.	<b>3=</b> The youth's mood was typical. He was not especially happy or upset.	<b>3=</b> Youth was making some effort working on treatment goals, but lacking enthusiasm and/or commitment.
<b>4=</b> Between 3 and 5	<b>4=</b> Between 3 and 5	<b>4=</b> Between 3 and 5
<b>5=</b> Youth exhibited very good behavior. For example, he was exceptionally compliant with counselor directions, followed program rules, and interacted well with peers.	<b>5=</b> Youth was in an especially good mood. He smiled and laughed often and seemed quite happy.	<b>5=</b> Youth is trying very hard and was actively engaged in working on treatment plan/ program goals.

*Section 7:*  
*Strengths and*  
*Difficulties*  
*Questionnaire*

## **Why do we use this form?**

The purpose of the Strengths and Difficulties Questionnaire (SDQ) is to help us understand 5 different potential problem areas for youth:

- Emotional problems- anxiety, depression
- Conduct Problems- fighting, stealing, other conduct issues
- Hyperactivity Problems- fidgeting, squirming, unable to concentrate
- Peer Problems- being bullied, picked on, difficulty making friends
- Prosocial Behavior- helpful, kind behaviors  
*(prosocial behavior is scored so that higher numbers mean more prosocial behavior)*

## **How often is it completed?**

This form is completed within 30 days of entry into the facility. There is one form for the youth and one form for the counselor to fill out. It is suggested that this can be filled out around the 3rd week during the counseling session. It needs to be completed in time to be included in the 30-day report. It is suggested that this form be repeated every 3 months and at discharge.

## **How long does it take?**

During pilot testing, counselors reported that the SDQ took approximately 5 minutes to administer.

## **How is it scored?**

Hand scoring information has been provided but an Excel form is also available that has been pre-loaded with scoring information.

## **A note about this measure:**

This form is rated both by the youth and the counselor. Doing so allows for an “internal” rating as well as an “external” rating of what is happening for the youth. Discrepancies between the two reports is normal and can be used in counseling sessions to discuss how a youth presents themselves versus how she/he feels inside. This measure has been used widely in other settings. Please see [www.sdqinfo.org](http://www.sdqinfo.org) for more information.



## Strengths and Difficulties Questionnaire- Youth Version

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of how things have been for you **over the last month.**

Your Name \_\_\_\_\_

Date\_\_\_\_\_

Unit/Cottage:\_\_\_\_\_

	Not True	Somewhat True	Certainly True
1. I try to be nice to other people. I care about their feelings.	0	1	2
2. I am restless, I cannot stay still for long.	0	1	2
3. I get a lot of headaches, stomach-aches or sickness.	0	1	2
4. I usually share with others, for example, games or food.	0	1	2
5. I get very angry and often lose my temper.	0	1	2
6. I would rather be alone than with people of my age.	0	1	2
7. I usually do as I am told.	2	1	0
8. I worry a lot.	0	1	2
9. I am helpful if someone is hurt, upset or feeling ill.	0	1	2
10. I am constantly fidgeting or squirming.	0	1	2
11. I have one good friend or more.	2	1	0
12. I fight a lot. I can make other people do what I want.	0	1	2
13. I am often unhappy, depressed or tearful.	0	1	2
14. Other people my age generally like me.	2	1	0
15. I am easily distracted, I find it difficult to concentrate.	0	1	2
16. I am nervous in new situations. I easily lose confidence.	0	1	2
17. I am kind to younger youth.	0	1	2
18. I am often accused of lying or cheating.	0	1	2
19. Other people my age pick on me or bully me.	0	1	2
20. I often offer to help others (staff, teachers, youth).	0	1	2
21. I think before I do things.	2	1	0
22. I take things that are not mine from home, school or elsewhere.	0	1	2
23. I get along better with adults than with people my own age.	0	1	2
24. I have many fears, I am easily scared.	0	1	2
25. I finish the work I'm doing. My attention is good.	2	1	0

## Strengths and Difficulties Questionnaire- Staff version

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of this youth's behavior **over the last month.**

Youth Name \_\_\_\_\_

Date \_\_\_\_\_

Staff Name \_\_\_\_\_

	<b>Not True</b>	<b>Somewhat True</b>	<b>Certainly True</b>
1. Considerate of other people's feelings	0	1	2
2. Restless, overactive, cannot stay still for long	0	1	2
3. Often complains of headaches, stomach-aches or sickness	0	1	2
4. Shares readily with other youth, for example games or food	0	1	2
5. Often loses temper	0	1	2
6. Would rather be alone than with other youth	0	1	2
7. Generally well behaved, usually does what adults request	2	1	0
8. Many worries or often seems worried	0	1	2
9. Helpful if someone is hurt, upset or feeling ill	0	1	2
10. Constantly fidgeting or squirming	0	1	2
11. Has at least one good friend	2	1	0
12. Often fights with other youth or bullies them	0	1	2
13. Often unhappy, depressed or tearful	0	1	2
14. Generally liked by other youth	2	1	0
15. Easily distracted, concentration wanders	0	1	2
16. Nervous in new situations, easily loses confidence	0	1	2
17. Kind to younger children	0	1	2
18. Often lies or cheats	0	1	2
19. Picked on or bullied by other youth	0	1	2
20. Often offers to help others (staff, teachers, youth)	0	1	2
21. Thinks things out before acting	2	1	0
22. Steals from home, school or elsewhere	0	1	2
23. Gets along better with adults than with other youth	0	1	2
24. Many fears, easily scared	0	1	2
25. Good attention span, sees work through to the end	2	1	0

## Strengths and Difficulties Questionnaire Scoring Template

Question	Score	Emotional Problems	Conduct Problems	Hyperactivity Problems	Peer Problems	Prosocial Behavior	Total Problems
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
<b>Total</b>							

Note: It is best to review the form briefly with the youth to look for unanswered questions. If you are missing an answer to one of the questions, you need to replace it with the average of the other questions before calculating a total score for that scale. You can calculate an average by adding all of the scores together and dividing by the total number of questions answered. For example, if one answer is missing, add together all of the other answers (1+0+1+2=4), then divide by the number of questions that had scores 4/4=1; the total score would be 1+0+1+2+1=5.

In order to interpret the scores received you can use the following table:

<b>Strengths and Difficulties Questionnaire Scoring Categories</b>				
Scale	Close to Average	Slightly raised/ slightly lowered	High /Low	Very High/ Very Low
<b><i>Staff/Teacher Report</i></b>				
Emotional Problems Score	0-3	4	5	6-10
Conduct Problems Score	0-2	3	4	5-10
Hyperactivity Problems Score	0-5	6-7	8	9-10
Peer Problems Score	0-2	3-4	5	6-10
Prosocial Score	6-10	5	4	0-3
Total Problems Score	0-11	12-15	16-18	19-40
<b><i>Youth Report</i></b>				
Emotional Problems Score	0-4	5	6	7-10
Conduct Problems Score	0-3	4	5	6-10
Hyperactivity Problems Score	0-5	6	7	8-10
Peer Problems Score	0-2	3	4	5-10
Prosocial Score	7-10	6	5	0-4
Total Problems Score	0-14	15-17	18-19	20-40
This scoring was published on May 11 <sup>th</sup> , 2015 on the <a href="http://www.sdqinfo.org">www.sdqinfo.org</a> website. It is recommended that this site periodically be checked for the most up-to-date information on scoring norms.				

The following form can be included in reports to describe scores(insert # in column):

<b>Strengths and Difficulties Questionnaire Scoring Table</b>				
Scale	Close to Average	Slightly raised/ slightly lowered	High /Low	Very High/ Very Low
<b><i>Staff/Teacher Report</i></b>				
Emotional Problems Score				
Conduct Problems Score				
Hyperactivity Problems Score				
Peer Problems Score				
Prosocial Score				
Total Problems Score				
<b><i>Youth Report</i></b>				
Emotional Problems Score				
Conduct Problems Score				
Hyperactivity Problems Score				
Peer Problems Score				

Prosocial Score				
Total Problems Score				

### **SDQ → YLS Crosswalk**

The Strengths and Difficulties Questionnaire can address dimensions of the YLS as well as assessing emotional problems, difficulty with peers, and prosocial skills which primarily fall under Part III: Assessment of other needs/special considerations.

The **Conduct Problems scale** and the **Hyperactivity scale** both fall under the Personality/Behavior domain of the YLS. Conduct problems scale addresses the youth acting out, fighting, (physically, verbally aggressive, tantrums) as well as lying and cheating, and stealing. There is also a reverse-scored item on this scale that asks about the youth's obedience to authority. The hyperactivity scale addresses difficulty concentrating, seeing tasks through to the end, and thinking things out (related to frustration tolerance, and attention span), as well as addressing the youth being restless, overactive or fidgety. Higher scores on these scales indicate more conduct and/or hyperactivity problems.

The **Prosocial behavior scale** can provide information in a couple of areas. Primarily, it provides information on the Part III: Poor Social Skills section. The questions asked relate to the youth being willing to help others, being considerate of other people's feelings, being kind to younger youth, and being willing to share what they have with others. A lower rating on this scale would indicate that the youth may lack social skills. In addition to addressing the social skills special consideration, this can also give some information about the "callous, little concern for others" section of Attitudes/Orientation domain; while a low score would not necessarily demonstrate psychopathology, a high score on this measure would demonstrate behavior inconsistent with callousness or psychopathology. This should be interpreted with care and scores on this measure should not supersede other information that more directly applies.

The **Peer Problems Scale** taps in to the Part III: Shy/withdrawn special consideration (If youth indicates being a loner/ not having friends). Overall, the scale addresses preferences for adults over youth own age, being liked by other youth vs. being bullied, and being a "loner" vs. having friends. When looked at overall as a scale in tandem with the Prosocial Behavior scale, this can also inform the Part III: Poor Social Skills. A youth with who expresses a lot of problems with peers may be socially challenged. Additionally, this can be used for screening ; if a youth scores high on this measure, they may have difficulty adjusting to the facility.

The **Emotional Problems scale** addresses depression and anxiety symptoms for the youth which falls under the Depressed special consideration. Someone who scores high on this scale may be considered for a referral to a PSA.

Finally, if the SDQ is also completed by school staff, you will be able to systematically gather information for the Education/Employment domain about: disruptive classroom/school behavior through examining the **Conduct Problems scale** and **Peer Problems**. Although not a direct item to evaluate, the **Hyperactivity scale** can also be a marker for difficulty in the school environment and may lead to lower achievement. Additionally, high scores on the **Prosocial Behavior scale**

may indicate that the youth has fewer problems with teachers (one item asks about if the youth is helpful to adults).

## *Section 8:*

# *People in My Life Questionnaire*

## **Why do we use this form?**

The purpose of the People in My Life questionnaire is to help us understand more about the youth's relationship with his/her caregiver(s). This is vital both for support for the youth and for ongoing family involvement with the juvenile facilities.

## **How often is it completed?**

This form is completed within 30 days of entry into the facility. It is suggested that this form can be filled out around the 2nd week, during the counseling session. The form needs to be completed in time to be included in their 30 day report. It is suggested that this form be repeated every 3 months and at discharge. This form only needs to be filled out about the primary caregiver (the one with whom the youth will do the majority of their family calls), however, more than one form can be filled if there are multiple caregivers who will actively be continuing to support the youth. If the youth has someone else become involved in their treatment later in their stay, please have them fill out the form on that person as well as soon as you learn of their involvement.

## **How long does it take?**

During pilot testing, counselors reported that this form took youth less than 5 minutes to complete.

## **How is it scored?**

Hand scoring information has been provided but an Excel form is also available that has been pre-loaded with scoring information.

## **A note about this measure:**

There are two different versions of the form, one to be used at the very first session and another to be used at subsequent administrations of the form. The first one allows the youth to select one care provider. The second version of the form should have the care provider that the youth originally selected already bubbled in. It is important that the youth answer questions on the same person at the subsequent administrations of the form in order to chart improvement or decline in the relationship.

# PEOPLE IN MY LIFE- Version 1

Youth name: \_\_\_\_\_

The following statements apply to the parent or adult caregiver (grandparent, aunt, uncle, family friend, etc.) **you live with most or will live with once you leave**. If you normally live with two parents/caregivers, please answer the questions about the parent/caregiver with whom you have the most contact now. If you feel like you talk and live with two parents/caregivers equally, you may fill a separate form out for each person.

I am answering this questionnaire about my (choose only one):

- |               |               |                 |
|---------------|---------------|-----------------|
| O Mother      | O Step Mother | O Foster Mother |
| O Father      | O Step Father | O Foster Father |
| O Grandmother | O Aunt        | O Family Friend |
| O Grandfather | O Uncle       | O Other: _____  |

<i><b>Please mark how true each statement is for you by putting an "X" in the box under the best answer.</b></i>						
		Never true	Seldom true	Sometimes true	Often true	Always true
1	My parent/caregiver encourages me to talk about my difficulties.	1	2	3	4	5
2	I get upset or angry with my parent/caregiver.	5	4	3	2	1
3	I tell my parent/caregiver about my problems and troubles.	1	2	3	4	5
4	My parent/caregiver helps me to understand myself better.	1	2	3	4	5
5	When I am angry or upset about something, my parent/caregiver tries to be understanding.	1	2	3	4	5
6	Talking about my problems with my parent/caregiver makes me feel ashamed or foolish.	5	4	3	2	1
7	My parent/caregiver doesn't understand what I'm going through these days.	5	4	3	2	1



# PEOPLE IN MY LIFE- Version 2

Youth name: \_\_\_\_\_

Please rate the following statements as they apply to the person you shared about previously  
(Note: counselors, this should match Version 1).

Choose only one:

- O Mother

O Step Mother

O Foster Mother

O Father

O Step Father

O Foster Father

O Grandmother

O Aunt

O Family Friend

O Grandfather

O Uncle

O Other: \_\_\_\_\_

<i>Please mark how true each statement is for you by putting an "X" in the box under the best answer.</i>						
		Never true	Seldom true	Sometimes true	Often true	Always true
1	My parent/caregiver encourages me to talk about my difficulties.	1	2	3	4	5
2	I get upset or angry with my parent/caregiver.	5	4	3	2	1
3	I tell my parent/caregiver about my problems and troubles.	1	2	3	4	5
4	My parent/caregiver helps me to understand myself better.	1	2	3	4	5
5	When I am angry or upset about something, my parent/caregiver tries to be understanding.	1	2	3	4	5
6	Talking about my problems with my parent/caregiver makes me feel ashamed or foolish.	5	4	3	2	1
7	My parent/caregiver doesn't understand what I'm going through these days.	5	4	3	2	1

## SCORING FOR PEOPLE IN MY LIFE QUESTIONNAIRE

There are a total of 7 questions; each question can be up to 5 points with higher numbers indicating better outcomes (*please note; some items are “reverse” scored because of their wording. Look at the small number in the bottom of the box*). If all questions have been answered, you can compute a total score by adding together the points from each question. If only some of the items were answered, add together all of the points from each question and divide by the number of questions answered to get an average. Both the averages and total scores are listed below.

<b>Please mark how true each statement is for you by putting an “X” in the box under the best answer.</b>		<b>Never true</b>	<b>Seldom true</b>	<b>Sometimes true</b>	<b>Often true</b>	<b>Always true</b>
1	My parent/caregiver encourages me to talk about my difficulties.	1	2	3	4	5
2	I get upset or angry with my parent/caregiver.	5	4	3	2	1
3	I tell my parent/caregiver about my problems and troubles.	1	2	3	4	5
4	My parent/caregiver helps me to understand myself better.	1	2	3	4	5
5	When I am angry or upset about something, my parent/caregiver tries to be understanding.	1	2	3	4	5
6	Talking about my problems with my parent/caregiver makes me feel ashamed or foolish.	5	4	3	2	1
7	My parent/caregiver doesn’t understand what I’m going through these days.	5	4	3	2	1

- If someone scores an *average of 4 or more* (**total score of 28 or more**) indicating "often or always true" they would be in the green, showing a positive relationship with their parent/caregiver on this measure.
- If someone scores an *average of 3-3.99* (**total score higher than 21 but lower than 28**) indicating "sometimes true" they would score in the yellow, showing slightly elevated risk for relationship problems with their parent/caregiver on this measure.
- If someone scores an *average of 2-2.99* (**total score higher than 14 but lower than 21**) indicating "Seldom true" they would be in the orange showing high risk for relationship problems with their parent/caregiver on this measure.
- If someone scores *below an average of 2* **lower than 14** on this measure it would indicate very high risk for relationship problems with their parent/caregiver on this measure.

This measure can be reported under the “Family” Domain of the YLS.

*Section 9:*  
*Brochure*  
*Examples*

## **Why do we use these brochures?**

We send out the facility brochures in order to familiarize families with services that are provided through facilities and help them begin to see the facilities as a therapeutic setting rather than as a jail. We also use this as an opportunity for the counselor to have his/her first positive contact with the families by including a brief but kind, handwritten note. This shows the family that the counselor respects them enough to take a few minutes to communicate with them.

We send out the CBT brochures to begin familiarizing the family with the CBT services their youths are receiving and to help start the process of caregivers' learning the "language of change" that their youth are going to be learning throughout their stay. This brochure also serves as another positive contact with the family, showing that the counselors are trying to make an effort to keep them informed.

## **How often is it completed?**

Each brochure is sent out once to the family in a hand written envelope with a handwritten note on the brochure. You may send out more than one brochure in situations where there are multiple possible care providers for the family (e.g., Mom and Dad are divorced but still both keep in contact with son/daughter). You can also send these brochures out to parole/probation officers to help them learn more about the program and the facility.

Facility Brochures are sent out within the first week of the youth's arriving at the facility. The CBT brochures should be sent out within a week of the youth's beginning the CBT program. In the event that the youth will be participating in more than one CBT program, you should send out a brochure for each program right as the program begins.

## **How long does it take?**

This activity should not take more than 5 minutes per youth.

*(Note: Special thanks to Ken Cecil of Loysville Youth Development Center for creating the first draft of the brochures.)*

## First Step Program



Your child is now in the First Step Program. This 24-bed unit helps youth in the juvenile justice system who have substance use issues.

The curriculum in the First Step Program teaches youth how to improve their feelings and behavior by focusing on their thoughts. Group and individual counseling will be provided throughout his stay to aid him in applying what he's learned in present and future situations.



A PERSONAL NOTE  
FROM YOUR CHILD'S  
COUNSELOR



## YOUTH FORESTRY CAMP 3



We are pleased to inform you that your child has arrived safely at Youth Forestry Camp 3 in Trough Creek Park in Huntingdon County.

We will work hard to keep you involved and will rely on your help so that we can make a difference together.

## Life at Youth Forestry Camp 3

Your child will have his own treatment team working with and for him. Depending on the needs of your child, team members will include:

- ♦ Counselor
- ♦ Medical Staff
- ♦ Psychology Staff
- ♦ Psychiatrist
- ♦ Drug/Alcohol Specialist
- ♦ Education
- ♦ Vocational Staff
- ♦ Social Workers



During the first 30 days your child is here, he will meet with team members to determine the best combination of services to help him succeed when he returns to your care and the community.

Your child will be provided with a number of opportunities and resources:



### Education and Work Training



### Skill Building and Treatment Groups



### Recreation



### Family Involvement

We will work hard to include you in your child's treatment. We value regular visitation and phone calls to keep you up to date and involved. We hope to learn more about your child from you and your family.

## How YOU can help!

### Show interest

Ask your youth what he is doing in his groups. Encourage your youth to describe the activities. Your interest will show that this is important.

### Encourage

Encourage your youth to put his best effort into his groups. Learning a new skill or a new way of thinking is not always easy. A little encouragement can make a big difference.

### Reassure

Learning new skills takes time and effort. If your youth has a "bad day", encourage him to be patient and just try to learn as much as possible.

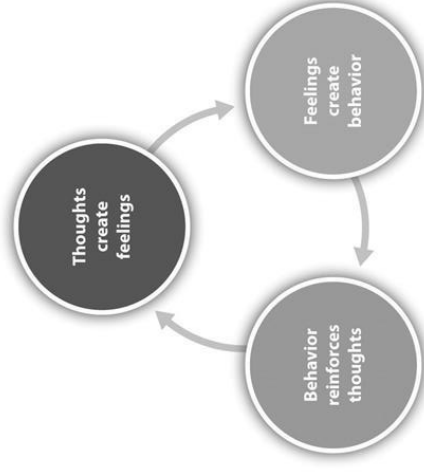
### Reward!

Most important of all, praise all of your youth's positive changes or improvements, both large and small.



A note from your son's counselor:

## RATIONAL EMOTIVE BEHAVIOR THERAPY



### Youth Forestry Camp 3

Fostering hope and  
opportunities for success

4534 Tar Kiln Rd,  
James Creek, PA 16657  
Tel: (814) 658-3492



## What Is Cognitive Behavior Therapy?

Cognitive Behavioral Therapy (CBT) helps you see connections between the way you think, and the way you feel and act. It is used to help a wide range of problems. It does not focus on the past; it focuses on looking for ways to improve your situation NOW.

### Example:

Situation: Someone elbows you in the back on the train.

Thought: "That guy is trying to start something with me!"

Action: You turn around and elbow the guy back.

### OR:

Alternative thought: "That guy must be having a hard time keeping his balance."

Action: None.

Changing the way we think allow us to develop healthier and better ways of problem solving. The idea is to not only feel better, but to be better.

## What Is Rational Emotive Behavior Therapy?

Rational Emotive Behavior Therapy (REBT) is a type of CBT that focuses on changing the irrational thinking that often leads to extreme emotions and self-defeating behavior.

REBT teaches that:

- ♦ *Thought (cognition) is the most important factor in emotion.*
- ♦ *Irrational thinking causes emotional distress.* The irrational beliefs we hold lead to unhealthy negative emotions.
- ♦ *Changing thinking is the best way to change emotional distress.* When we are able to think about and challenge our irrational beliefs, we will be able to change our emotions for the better.
- ♦ *All people have the ability to think in a productive way and in a self-defeating manner.*
- ♦ *Emotions bring attention to problems in our lives.* Emotions help us to change. Strong emotions are part of life and can help or hurt us.

- ♦ *Beliefs can be changed, but doing so requires work.* It will take the same kind of effort, rehearsal, and practice to change the irrational thinking as it did to learn it.



## Key Terms for REBT

Irrational thinking can be categorized into 4 main irrational beliefs:

- ♦ **Demandingness**—beliefs about life and people that are final, not flexible, and not realistic. Demands often contain words like *should, have to, or must*.
- ♦ **Awfulizing**—belief that evaluates the world, an event, or a person as *101% bad*.
- ♦ **Frustration Intolerance**—is often referred to as “*I can’t stand it-itis*.” It is about each person’s ability to handle frustration.
- ♦ **Global Evaluations of Human Worth**—beliefs about a person *based on a single behavior*. For instance, a resident fails one test and labels themselves as a complete failure.

The B-Dorm Residential program combines group and individual therapy to help each resident make positive changes. Group therapy is designed to teach REBT concepts, identify and change irrational thinking, and move toward skill development. Individual therapy provides your youth with additional practice time to reinforce rational beliefs and a new way of thinking, feeling, and behaving. Individual therapy lasts throughout a resident’s program.



## **Appendix A**

**Thank you to the following people for collaborating on this project:**

### **Bureau of Juvenile Justice Services:**

Lois Huling, Ethan Davis, Gail Yoder, Cindy Haggart, Karen Kern, Mike Both, Justine Hinckley, Antania Barnes, Amanda Dorris, Wendy Milligan, Russell Zemanek, Ronald Douglas, Michelle Phillips, Erik Krohnemann, Anthony Dunkelberger, Shawn Guyer

### **Bureau of Information Systems:**

Kitty Fisher

### **Youth Forestry Camp 3:**

Dave Fouse, Phillip Chamberlain, Jeffrey Seace, Jeffrey Chamberlain

### **Loysville Youth Development Center:**

Jack Boyer, Ken Cecil

### **North Central Secure Treatment Unit:**

Jason Bogetti, Tim Sebastian, Michael Bavero, Danelle Reinsburrow

### **South Mountain Secure Treatment Unit:**

Brandy Dockey

### **YDC/YFC Regional Directors:**

Brian Jones (Central), Charles Neff (Eastern)

### **Mental Health Association in PA:**

Maddy Roman

**This resource was developed by Sebrina Doyle and Robert Nix from the Bennett Pierce Prevention Research Center at The Pennsylvania State University with a grant from the Pennsylvania Commission on Crime and Delinquency #VP-ST-23468.**